

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 14 PM 2:23

DOCUMENT # P97000104820

1. Corporation Name

Brisben Santa Fe, Inc.

2. Principal Office Address

23 North Beach Road

Suite, Apt. #, etc.

City & State

Jupiter Island, FL

Zip

33455-2101

Country

USA

3. Mailing Office Address

23 North Beach Road

Suite, Apt. #, etc.

City & State

Jupiter Island, FL

Zip

33455-2101

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-12-97

5. FEI Number

65-0808187

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

William O. Brisben

Street Address (P.O. Box Number is Not Acceptable)

23 North Beach Road

Suite, Apt. #, Etc.

City

Jupiter Island

State

FL

Zip Code

33455-2101

100037059191
05/24/04--01109--002 **935.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN William O. Brisben

Date

4/15/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---------------|--------------------------------------|---|----------------------------------|
| D/P/T | William O. Brisben | 23 North Beach Road | 33455-2101 Jupiter Island, FL |
| D/ | Tara J. Nelson | 23 North Beach Road | 33455-2101 Jupiter Island, FL |
| Asst. Sec. | Frederick J. Caspar | 10 Courthouse Plaza S.W. Suite 1100 | Dayton, OH 45402 |
| VP/S | Terry B. Schwartz | 6216 Carroll Drive | 48322 West Bloomfield, MI |
| | | | |
| | | | |

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William O. Brisben

Date

Daytime Phone #

4/15/04

513-607-1990